PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL FEE

o: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications.	form should be used to correspondence including the below or directed other than the control of the corresponding to the corresponding	for traning the linerwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLIC, ders and notification of specifying a new co	ATION FE of maintena rrespondence	E (if requince fees vee address:	ired). B vill be i ; and/or	Blocks 1 through 5 s mailed to the current (b) indicating a sepa	hould be comple correspondence trate "FEE ADDI	ted where address as RESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
22827	7590 05/02	/2007		,	115 OW						
DORITY & MANNING, P.A. POST OFFICE BOX 1449 GREENVILLE, SC 29602-1449					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
				ſ					(Depos	sitor's name)	
		(Signature)					(Signature)				
							(Date)				
APPLICATION NO.	PPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.			N NO.	
10/705,751 11/10/2003				Cameron Rouns			BAL-115-CIP (16301.1) 4276				
TITLE OF INVENTION	I: LUBRICIOUS COATI	NG FO	R MEDICAL DE	VICES							
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU		E FEE	TOTAL FEE(S) DUE	DATE D	UE	
nonprovisional	NO		\$1400	\$300		\$0		\$1700	08/02/20)07	
EXAMINER ART UNIT			ART UNIT	CLASS-SUBCLASS							
ZACHARIA, RAMSEY E 1773				428-036910							
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A ТО В	E PRINTED ON T	THE PATENT (print or	type)						
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSI	(B) RESIDENCE: (CI	TY and ST	ATE OR C	COUNT	RY)						
Kimberly-C	Neenah,	Neenah, Wisconsin									
Please check the appropr	riate assignee category or	catego	ries (will not be pr	inted on the patent):	☐ Individ	ual 💹 Co	orporatio	on or other private gro	oup entity Go	vernment	
4a. The following fee(s) are submitted: XX Issue Fee XX Publication Fee (No small entity discount permitted) Advance Order - # of Copies				b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1403 (enclose an extra copy of this form).							
provent	tus (from status indicated			☐ b. Applicant is no							
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if reqrecords of the United Sta	uired) v tes Pate	vill not be accepted ent and Trademark	d from anyone other that Office.	in the applic	cant; a regi	stered a	attorney or agent; or th	e assignee or oth	er party in	
Authorized Signature		Dat	e <u>Ju1</u>	y 31	, 2007						
Typed or printed nam	e Alan R. Ma	rsha	11		Reg	gistration N	lo	56,405			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Complete Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.